HABILITATION SERVICES

Vendorization Process

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Title 17 Requirements

- All existing Title 17 vendorization regulations that apply to regional center service providers are applicable to habilitation programs.
 - Vendorization
 - Service provider accountability (Audits)
 - SIRs
 - Fair Hearing process

All Other Existing Title 17 Requirements for Regional Center Habilitation Vendors

- Habilitation Vendors must also comply with Sections 58800 through 58922
- Approximately 30 providers have never been vendored with a regional center.

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Additional Requirements in Title 17

CARF

- All providers shall apply for accreditation by CARF within 3 years of vendorization.
- All providers shall be accredited within 4 years of the first Date of vendorization.
- All providers must maintain DOR certification until accredited by CARF.

Additional Requirements in Title 17

Accreditation

 Accredited applicants shall submit copies of their last accreditation report to the regional center and indicate the date their next accreditation review is due.

Certification

 Applicants not already accredited shall supply evidence of certification by DOR.

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T17 Requirements Unique to SEP-Individual Placement

• Allowable Services:

- Job Coaching
 - Job skill training
 - Employer Advocacy
 - Consumer and/or family counseling related to work

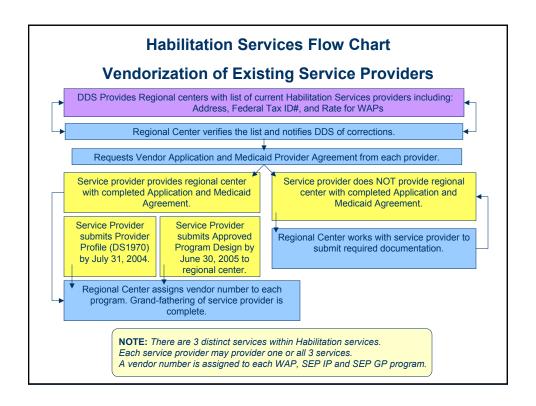
Service Codes and Sub Codes

- Habilitation Services shall be vendored under one of the following categories:
 - Work Activity Program (WAP)
 - Service code 954
 - Supported Employment Program Individual Placement (SEP IP)
 - SEP-IP Service Code 952
 - Supported Employment Program Group Placement (SEP GP)
 - SEP-GP Service Code 950

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Service Codes and Sub Codes

- Sub codes only available when DOR is under Order of Selection and regional center consumers are impacted
 - Intake (IP and GP) Sub code 001
 - Placement (IP) Sub code 002
 - Retention (IP) Sub code 003
 - Intensive Services (IP and GP) Sub code 004



Grandfathering Requirements

- Current providers will be vendored effective July 1, 2004 as long as the following are submitted to the vendoring regional center:
 - Vendor Application, Form DS 1890
 - A signed Home and Community Based-Services Provider Agreement (Identified in regulations as Medi-Cal Program Provider Agreement Claim Certification).

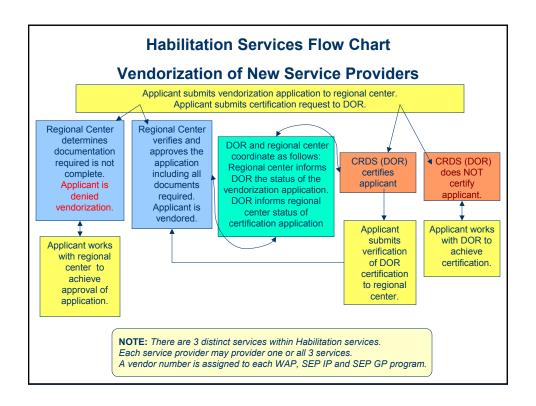
Grandfathering Requirements

- Providers are to submit the following to the vendoring regional center by July 31, 2004.
 - Copies of last accreditation report indicating the date their next accreditation review is due.
 - Form DS 1970(s) with a copy to the Department.

DS 1970 WAP Marc		dor Profil							
TITE OKTIGNTEE	SIDET (SEE INSTRUCTIONS ON		RK ACTIVITY P	ROGRAMS (WA	P) (General	Information)			
ProviderInfo	rmation								
Provider Nam	ne:				DDS		DOR Facility	#:	
Doing Busisn	ess As:				Service Co	des vendored	to provide:		
	Program Address		Progra	am Contact Pers	n:	Program Ph	one Number:	Program Cont	act e-mail:
Administrati	ve Information (if diff	erent from							
Ac	Iministrative Address:		Administrative Contact:			Administrative Phone:		Administrative	e-mail:
Accreditation	n/Certification Inform	nation:				l			
	ation expiration Date			ation Expiration		Length of last CARF			
(if applicable)			Date (if applica	ble):		Accreditation	0		
_	VITY PROGRAM SPE								
Ven	Vendoring Regional Center: Utilizing Regional Centers: (list all) Utilizing DOR Districts: (list all)			Districts: (list all)					
Program Day	Start time	Stop time	<u> </u>	Lunch	reak length		Total P	rogram Hours	
		Number of Cor	nsumers currently		Other Funding sources: (e.g.				
funded by	Habilitation Services:		func	led by VR/WAP:			school/transit	ion programs)	
Vandor's A	verage Consumer Per	centage of			r's Average		Ven	dor's Average	
Veridor 3 A	Paid Work (Specific		Consumer Producti						
	Tala Work (opcome	o monas)		(sam	e 3 months)		(sa	ime 3 months)	
	Number of consumers		Languages s	spoken by Direct			Number of	of Supervisors	
with Pro	ductivity Less than 10			Service Staff				(consumers)	
						Number of C	onsumers ea	ch Supervisor Supervises	#DIV/0
	List	Types of Co	ontract work (e.d	. Mail services, p	ackaging, a	ssembly, etc.)		Caparvioca	
Other	DOR provided service								·
		, ,		rvices (e.g. DTA	-				
Duarrida a bu	ief narrative of progr	•		, ,	-	. ,	inaina Abain	a a a ti a mal a leilla	
Provide a br	iei narrative of progr	am s pniic	osopny and sei	vices provided	to neip con	isumers max	imize their vo	ocational skills	

	SUPPORTED EMPLOYMEN	T(SEP) - Individual Placeme	nt (General Information)	
Vendor Information Vendor Name:			DOD Facility#	DDS Vendor#
vendor Name:			DOR Facility#:	DDS vendor#:
Doing Business As:			Service Codes vendored to provide	de:
Program Address		Program Contact Person:	Program Phone Number:	Program Contact e-mail:
Administrative Information (if diffe	rent from above)			
Administrative Address:		Administrative Contact:	Administrative Phone:	Administrative e-mail:
Accreditation/Certification Informa	tion:		•	
DOR Certification expiration Date (if	applicable):	CARF Accreditation Expiratio	n Date (if applicable):	Length of last CARF Accreditation:
SEP Individual Placement SPECIF	IC INFORMATION	•		As of Date:
Utilizing DOR Districts: (list all) Current Number of Job Developerson	staff.	Current Number of Job Coach	es on staff:	
Consumer Data:				
Total Number of Consumers currently	receiving Job Coaching Support:	Number of Consumers funded Intake	by VR (last 12 months) for: Placement (Job Development)	Retention
	Number of Consumers currently receiving Job Coaching Support funded by Habilitation (Extended	Number of Consumers in Job Development:	Average Consumer hours worked a month:	Average Consumer wage/hour:
Number of Consumers currently receiving Job Coaching Support funded by Vocational Rehabilitation (Intensive Svs):	Svs):			
receiving Job Coaching Support funded by Vocational Rehabilitation		paid vacation, paid sick leave,	medical, dental, etc.)	

Vendor Information	COLL CICLED CHILL	LOYMENT(SEP) - Group Placeme	int (General information)	
Vendor Name:			DOR Facility#:	DDS Vendor#:
			· ·	
Doing Busisness As:			Service Codes vendored to p	rovide:
Program Address		Program Contact Person:	Program Phone Number:	Program Contact e-mail:
Administrative Information (if d	ifferent from above)			_
Administrative Address:		Administrative Contact:	Administrative Phone:	Administrative e-mail:
Accreditation/Certification Info	rmation:			
DOR Certification expiration Date	(if applicable):	CARF Accreditation Expirat	tion Date (if applicable):	Length of last CARF Accreditation:
SEP Group Placement SPECIF	IC INFORMATION	·		As of Date:
Vendoring Regional Center:				
vendoning Regional Center.	Utilizing Regional Centers: (li-	st all)		
Utilizing DOR Districts: (list all)	Utilizing Regional Centers: (li:	st all)		
Utilizing DOR Districts: (list all)		Current Number of Job Coa	ches on staff:	
Utilizing DOR Districts: (list all) Current Number of Job Developer		,	ches on staff:	
Utilizing DOR Districts: (list all) Current Number of Job Developer Consumer Data: Total Number of Consumers curre	s on staff:	Current Number of Job Coar	Number of Consumers curren	tly receiving Job Coaching Support
Utilizing DOR Districts: (list all) Current Number of Job Developer Consumer Data: Total Number of Consumers curre Number of Consumers funded by	s on staff: ntty receiving Job Coaching Supp VR (last 12 months) for:	Current Number of Job Coa		tlly receiving Job Coaching Support
Utilizing DOR Districts: (list all) Current Number of Job Developer Consumer Data: Total Number of Consumers curre Number of Consumers funded by	s on staff:	Current Number of Job Coar	Number of Consumers curren funded by:	
Utilizing DOR Districts: (list all) Current Number of Job Developer Consumer Data: Total Number of Consumers curre Number of Consumers funded by Intake Situational Assessments	s on staff: ntty receiving Job Coaching Supp VR (last 12 months) for: p Placement (Pending)	Current Number of Job Coaront: Number of Groups:	Number of Consumers currer funded by: Vocational Rehab (Intensive Svs)	ilitation Habilitation (Extended Svs):
Utilizing DOR Districts: (list all) Current Number of Job Developer Consumer Data: Total Number of Consumers curre Number of Consumers funded by Intake Grot	s on staff: ntty receiving Job Coaching Supp VR (last 12 months) for: p Placement (Pending)	Current Number of Job Coar	Number of Consumers currer funded by: Vocational Rehab (Intensive Svs)	ilitation Habilitation
Utilizing DOR Districts: (list all) Current Number of Job Developer Consumer Data: Total Number of Consumers curre Number of Consumers funded by Intake Grossumers Situational Assessments Current job types supported by pre	s on staff: ntly receiving Job Coaching Supp VR (last 12 months) for: p Placement (Pending) ogram: (List)	Current Number of Job Coar Number of Groups: Average number of	Number of Consumers currer funded by:	ilitation Habilitation (Extended Svs):



New Habilitation Vendor Application Requirements

- Submit the following vendor information to the vendoring regional center:
 - Form DS 1890, Vendor Application.
 - A signed Home and Community Based-Services Provider Agreement (Identified in regulations as Medi-Cal Program Provider Agreement Claim Certification)
 - A Program Design

PROGRAM DESIGN REQUIREMENTS (√)

Requirement	Day Programs	Hab. Providers
Philosophy		V
Purpose and goals	√	√
Anticipated consumer outcomes stated in measurable terms		$\sqrt{}$
Program curriculum	$\sqrt{}$	$\sqrt{}$
Description of its existing or proposed program		$\sqrt{}$
Description of location/geographic area	V	
Number of individuals served		√
Schedule of vendor's direct service operating hours	√	√

PROGRAM DESIGN REQUIREMENTS (√)

Requirement	Day Programs	Hab. Providers
Staff training plan, if developed or required	√	√
Description of entrance/exit criteria	√	\checkmark
Description of how each consumer will achieve IPP objectives	√	√
Consumer assessment procedures	√	\checkmark
Evaluation procedures used to determine consumer's	√	\checkmark
progress		
Methods for monitoring consumer progress		√

PROGRAM DESIGN REQUIREMENTS (√)

Requirement	Day Programs	Hab. Providers
Description of internal consumer grievance procedures	√	\checkmark
Consumer attendance policy	√	
Statement of staffing ratio	√	
Interactions with regional centers, VR or other related		V
programs		
Description of program design that demonstrates an		$\sqrt{}$
understanding of the goals of the WAP pursuant to WIC 4851		
Description of the plan for use of time when consumers are		\checkmark
not engaged in paid work, excluding the lunch period		
Resources devoted to contract procurement		$\sqrt{}$
Procedures for time studies for consumer productivity		

What Service Providers Need to Know

- Training and or information that must be provided to vendors by regional centers include:
 - Agencies or entities eligible for vendorization.
 - Applicable Title 17 requirements.
 - Regional center review and approval of application.
 - Regional center denial of application.
 - General requirements for regional centers and vendors.

What Service Providers Need to Know

- Training: (cont.)
 - Requirements for special incidents reporting including regional center's risk management plan.
 - Changes in vendor ownership, location and program profile.
 - Termination of vendorization for noncompliance
 - Vendorization appeals.

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Additional Information

- DDS Website
 - www.dds.ca.gov
- DDS Email
 - Work.Services@dds.ca.gov



